

FEDERAL COMMUNICATIONS COMMISSION  
Washington, D.C. 20554Approved by OMB  
3080-0076  
Expires 12/31/84

SUBMIT two copies to FCC

Annual Employment Report 1984  
(See Instructions)

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RECEIVED

## SECTION I (applicable to all respondents)

- A. ☐ COMMON CARRIER Respondents with fewer than sixteen (16) full-time employees during the selected payroll period: CHECK BOX A, Complete Section III, and the Certification Statement. Sign and return to the FCC.
- B. ☐ COMMON CARRIER Respondents with 16 or more full-time employees during the selected payroll period: CHECK BOX B and complete all pertinent sections of the form. Sign and return to the FCC.
- C. ☐ BROADCAST Respondents with fewer than (5) full-time employees during the selected payroll period: CHECK BOX C. Complete Sections II, III, & IV and the Certification Statement. Sign and return to the FCC.
- D. ☒ BROADCAST Respondents with 5 or more full-time employees during the selected payroll period: CHECK BOX D and complete all pertinent sections of the form. Sign and return to the FCC.

## SECTION III (applicable to all respondents)

- A. Check one, to indicate type of respondent  
☒ Broadcast Respondent  
☐ Common Carrier Respondent

MAY 31 1984

FCC

- B. Pay Period Ending Covered by this Report: (date) Office of the Secretary

March 18, 1984

- C. Name and address of respondent

Radio Station WBZZ  
 E Z Communications, Inc.  
 10380 Democracy Lane  
 Fairfax, Virginia 22030

(FOR COMMISSION USE ONLY)

CODE NO. 8217

## SECTION II (applicable only to Broadcast respondents)

Check A, B, or C to indicate type of Reporting Unit(s) covered in this Report:

- A. ☒ For a single employment unit consisting of one or more stations

- B. ☐ For a single Headquarters Office Report

- C. ☐ A Consolidated Report

## SECTION IV (applicable only to Broadcast respondents)

Answer A, B, or C to identify Reporting Unit(s) covered in this Report

- A. (1) If a Commercial Broadcast Station Report - (not a CAR station) check one

- (2) If station is noncommercial, check one

AM ☐ AM  
 TV ☐ TV

FM ☒ FM Independent  
 AF ☐ Combined AM and FM  
 FA ☐ FM Affiliated with AM in same area

ET ☐ Educational TV  
 ER ☐ Educational Radio

(3) Call Letters

Location

WBZZ

Pittsburgh, Pennsylvania

Federal Communications Commission	
Docket No.	93-88 Exhibit No. 148
Presented by	ALLEGANY
Disposition	Identified 10/26
	Received 10/26
	Rejected
Reporter	BARBARA WOOD
Date	10/26/93

B. If a Headquarters Office Report, list here (or in Appendix\_\_\_\_, if this space is sufficient) the Headquarters Office covered in this Report.

Name of Headquarters Office	Location of Headquarters Office	Stations supervised by listed Hdqrs. Office (list call letters)
N/A		

C. If a Consolidated Report, list here (or in Appendix\_\_\_\_, if this space is insufficient) the Headquarters and Stations covered in this Consolidated Report.

Headquarters Office(s) Names and Locations	Station Call Letters and Locations
N/A	

(Section V and VI) (applicable to all respondents)													
SECTION V													
FULL-TIME PAID EMPLOYEES JOB CATEGORIES <sup>1</sup>	ALL EMPLOYEES <sup>2</sup>			MALE					FEMALE				
	Total Columns 2 + 3	Male	Female	MINORITY GROUP EMPLOYEES				White, not of Hispanic origin	MINORITY GROUP EMPLOYEES				White, not of Hispanic origin
				Black, not of Hispanic origin	Asian or Pacific Islander	American Indian or Alaskan Native	Hispanic		Black, not of Hispanic origin	Asian or Pacific Islander	American Indian or Alaskan Native	Hispanic	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
Officials and Managers	6	4	2					4					2
Professionals	8	6	2					6	1				1
Technicians	2	2						2					
Sales workers	5	3	2					3					2
Office and Clerical	2		2						2				
Craftsperson (Skilled)													
Operatives (Semi-skilled)													
Laborers (Unskilled)													
Service Workers													
TOTAL	23	15	8					15	3				5
Total employment from previous Report (if any)	17	13	4					13	2				2

(Section VI column titles same as Section V)													
SECTION VI													
PART-TIME PAID EMPLOYEES JOB CATEGORIES <sup>1</sup>													
Officials and Managers													
Professionals	5	3	2					3					2
Technicians													
Sales workers													
Office and Clerical													
Craftsperson (Skilled)													
Operatives (Semi-skilled)													
Laborers (Unskilled)													
Service Workers													
TOTAL	5	3	2					3					2
Total employment from previous Report (if any)	5	3	2					3					2

<sup>1</sup>Refer to Instructions for explanation of all title functions.

<sup>2</sup>Include "Minority Group Employees" and others. See Instruction 7.

**SECTION VII (For Respondents with On-the-Job Trainees ONLY)**

(The data below shall also be included in the figures for the appropriate occupational categories in Sections V and VI)

		ALL EMPLOYEES <sup>1</sup>			MALE					FEMALE				
JOB CATEGORIES		Total Columns 2 + 3 (1)	Male (2)	Female (3)	MINORITY GROUP EMPLOYEES				White, not of Hispanic origin (8)	MINORITY GROUP EMPLOYEES				White, not of Hispanic origin (13)
					Black, not of Hispanic origin (4)	Asian or Pacific Islander (5)	American Indian or Alaskan Native (6)	Hispanic (7)		Black, not of Hispanic origin (9)	Asian or Pacific Islander (10)	American Indian or Alaskan Native (11)	Hispanic (12)	
On-the-job trainees <sup>2</sup>	White Collar Production													


<sup>1</sup>Include "Minority Group Employees" and others. See instruction 7.

<sup>2</sup>Report only employees enrolled in formal on-the-job-training programs.

**CERTIFICATION**

(This report must be certified: by licensee or permittee, if an individual; by a partner, if a partnership; by an officer, if a corporation or association, or by an attorney of licensee or permittee, in case of physical disability or absence from the United States of the licensee or permittee.)

I certify that to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed  Title President  
Date March 26, 1984 Name of Respondent E Z Communications, Inc.  
Telephone No. (include area code) 703/691-1900

**WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE OR IMPRISONMENT. U.S. CODE, TITLE 18, SECTION 1001.**

This request is in accordance with the requirement of P.L. 96-511, Paperwork Reduction Act of 1980

The data collected will be used to assess compliance with FCC Rules and Regulations pertaining to EEO requirements. Your response is mandatory.